

Internal government review found uneven COVID-19 response in British Columbia long-term care homes

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A worker is seen cleaning surfaces inside Little Mountain Place, a long term care home in Vancouver, on Jan. 7, 2021.

DARRYL DYCK/THE CANADIAN PRESS

Seniors in private and non-profit long-term care homes in British Columbia were not provided with the same COVID-19 protections and support as those in publicly owned facilities, according to a newly released internal government report.

The report, belatedly released Monday after the Ministry of Health was pressured to make it public, found that facilities owned and operated by the provincial health authorities were provided with personal protective equipment (PPE) and were assisted with staffing in the first wave of the pandemic, while contracted sites “felt that they were left to manage independently unless an outbreak occurred.”

That left contracted facilities – both private and non-profit – trying to source critical PPE from wherever they could, including purchases from private individuals and even counterfeit supplies.

The report from Ernst & Young was commissioned by the province late last spring to help prepare for the second wave of the pandemic, and was delivered in October. In making the report public on Monday, Health Minister Adrian Dix apologized, saying the review should have been released earlier. Mr. Dix added that he only saw the report 10 days ago, but that recommendations “were immediately acted upon” by staff. The changes included the creation of a streamlined COVID-19 response and health emergency management division.

Terry Lake, CEO of the BC Care Providers Association, said releasing the report last fall would have helped the sector prepare for the second wave. “There may have been a greater drive to implement changes that would have mitigated the second wave impact,” he said.

Mr. Lake added that communication between care providers and government agencies continues to be a problem. He said care home operators are still waiting to hear if the province will cover the additional costs of implementing pandemic safety requirements. “Many are worried about solvency due to hundred of thousands of dollars of increased costs that may or may not be covered by government,” he said.

The review also found safety practices were not implemented evenly across the sector.

“Messaging and communication was sometimes inconsistent across [health authority] owned and operated versus private and affiliates, which caused confusion and led to inconsistent practices from staff and providers,” the report noted.

Across the sector, the review concludes, the early response to the pandemic was hampered by a lack of training and education around infection prevention and controls.

Meanwhile, the stress and fear of working in care facilities amid the pandemic is threatening to add to staffing shortages, the report warned, urging the province to continue to provide access to psychological health, wellness and safety supports to workers in the sector.

There are roughly 27,000 seniors living in long-term care homes in B.C. – though the province was aware of the lethal potential for COVID-19 to sweep through those congregate settings when it commissioned the report, the death toll in the second wave has only gone up as community transmission increased.

B.C.'s first death of a senior in care owing to COVID-19 occurred on March 8. Since then, more than 600 seniors in care have died as a result of the virus – the vast majority of B.C.'s pandemic deaths.

Care homes in every region of the province have recorded COVID-19 outbreaks. The number of current outbreaks has declined as COVID vaccines have been delivered, but the death toll has been significant at some sites. At the non-profit Little Mountain Place in Vancouver, 99 of 112 residents contracted the virus and 41 of them have died, while 72 staff have contracted COVID-19.

Isobel Mackenzie, B.C.'s Seniors Advocate, is conducting her own investigation into those care homes where efforts to contain the virus failed. She said the Ernst & Young review is based on interviews with stakeholders after the first wave of the pandemic. She said her investigation will review data over the span of the first year of the pandemic. "I'm very interested in understanding why some outbreaks were contained to a single case, while another outbreak had 116 cases," she said.

"We owe it to residents and family members to understand what happened in some of these care homes."

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